## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

10772884

| CLAIMS AS FILED - PART I SMALL ENTITY OTHER 1                                                                                                                                                               |                                                                                       |                                           |                            |                                   |              |                                 |            |                                        |                        |      | R THAN      |                          |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|-------------------------------------------|----------------------------|-----------------------------------|--------------|---------------------------------|------------|----------------------------------------|------------------------|------|-------------|--------------------------|
|                                                                                                                                                                                                             |                                                                                       |                                           | (Column 1)                 |                                   | (Column 2)   |                                 | •          | TYPE                                   |                        | OR   |             | ENTITY                   |
| TOTAL CLAIMS .                                                                                                                                                                                              |                                                                                       |                                           | 01                         |                                   |              | •                               |            | RATE                                   | FEE                    | 7    | RATE        | FEE                      |
| FOR                                                                                                                                                                                                         |                                                                                       |                                           | NUMBER FILED               |                                   | NUMBER EXTRA |                                 | ]          | BASIC FEE                              | 385.00                 | OR   | BASIC FEE   | 770.00                   |
| TOTAL CHARGEABLE CLAIMS                                                                                                                                                                                     |                                                                                       |                                           | 9 minus 20=                |                                   | •            |                                 |            | X\$ 9=                                 |                        | OR   | X\$18=      |                          |
| INDEPENDENT CLAIMS                                                                                                                                                                                          |                                                                                       |                                           |                            |                                   | 1            |                                 |            | X43=                                   |                        | OR   | X86=        |                          |
| M                                                                                                                                                                                                           | JLTIPLE DEPE                                                                          | NDENT CLAIM P                             | RESENT                     | ESENT                             |              |                                 |            | +145=                                  |                        | OR   | .+290=      |                          |
| * 11                                                                                                                                                                                                        | the difference                                                                        | e in column 1 is                          | ess than zero, enter "0" i |                                   |              | column 2                        | ı          | TOTAL                                  | 382                    | OR   | TOTAL       |                          |
|                                                                                                                                                                                                             | C                                                                                     |                                           |                            |                                   | •            | OTHER                           | THAN       |                                        |                        |      |             |                          |
| (Column 1) (Column 2) (Column 3)                                                                                                                                                                            |                                                                                       |                                           |                            |                                   |              |                                 |            | SMALL                                  | ENTITY                 | OR   | SMALL       |                          |
| AMENDMENT A                                                                                                                                                                                                 | 4/25/0                                                                                | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                            | HIGHE<br>NUME<br>PREVIO<br>PAID F | BER          | PRESENT<br>EXTRA                |            | RATE                                   | ADDI-<br>TIONAL<br>FEE |      | RATE        | ADDI-<br>TIONAL<br>) FEE |
|                                                                                                                                                                                                             | Total                                                                                 | . 10                                      | Minus                      | - 7                               | 0            | •                               | ] [        | X\$ 9=                                 |                        | OR   | X\$18=      |                          |
| AME                                                                                                                                                                                                         | Independent                                                                           | NTATION OF MI                             | Minus                      | SENDENT                           | <u> </u>     | <u> -</u>                       |            | X43=                                   |                        | OR   | X86=        | •                        |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM                                                                                                                                                              |                                                                                       |                                           |                            |                                   |              |                                 |            | 145=                                   | •                      | OR   | +290=       |                          |
| ·                                                                                                                                                                                                           |                                                                                       |                                           |                            |                                   |              |                                 |            | TOTAL                                  |                        | OR   | TOTAL       |                          |
|                                                                                                                                                                                                             | •                                                                                     | (Column 1)                                |                            | (Colum                            | n 2\         | (Column 3)                      | A          | DDM. FEE                               |                        | , ,  | ADDIT. FEE  |                          |
| AMENDMENT B                                                                                                                                                                                                 |                                                                                       | CLAIMS                                    |                            | HIGHE                             | ST           | (00,0,1,11,0)                   | 1 г        | —————————————————————————————————————— | ADDI-                  |      |             | ADDI-                    |
|                                                                                                                                                                                                             |                                                                                       | REMAINING<br>AFTER<br>AMENDMENT           |                            | PAID F                            | USLY         | PRESENT<br>EXTRA                |            | RATE                                   | TIONAL<br>FEE          |      | RATE        | TIONAL<br>FEE            |
|                                                                                                                                                                                                             | Total                                                                                 | *                                         | Minus                      | **                                |              |                                 |            | X\$ 9=                                 |                        | OR   | X\$18=      |                          |
|                                                                                                                                                                                                             | Independent                                                                           | •                                         | Minus                      | ***                               |              | =                               | П          | X43=                                   |                        | OR   | X86=        |                          |
|                                                                                                                                                                                                             | FIRST PRESE                                                                           | NTATION OF MU                             | LTIPLE DEP                 | ENDENT                            | CLAIM        |                                 | 1          | +145=                                  |                        | OR   | +290=       |                          |
|                                                                                                                                                                                                             |                                                                                       |                                           |                            |                                   |              |                                 |            | TOTAL                                  |                        | OR . | TOTAL       |                          |
|                                                                                                                                                                                                             |                                                                                       | AI                                        | DDIT. FEE L                |                                   | ••• /        | ODIT. FEEL                      |            |                                        |                        |      |             |                          |
| ]                                                                                                                                                                                                           | <u> </u>                                                                              | (Column 1)<br>CLAIMS                      |                            | (Colum<br>HIGHE                   | ST :         | (Column 3)                      | . –        | •                                      | 100.                   |      |             |                          |
| MEN                                                                                                                                                                                                         |                                                                                       | REMAINING<br>AFTER<br>AMENDMENT           |                            | PREVIOUS PAID FO                  | ER<br>JSLY   | PRESENT<br>EXTRA                |            | RATE                                   | ADDI-<br>TIONAL<br>FEE |      | RATE        | ADDI-<br>TIONAL<br>FEE   |
|                                                                                                                                                                                                             | Total                                                                                 | •                                         | Minus                      | **                                |              | <b>=</b>                        |            | X\$ 9=                                 |                        | OR   | X\$18=      |                          |
|                                                                                                                                                                                                             | Independent                                                                           | •                                         | Minus                      | ***                               |              | =                               | ╽┝         | X43=                                   | f                      |      | X86=        |                          |
| ٩                                                                                                                                                                                                           | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM                                        |                                           |                            |                                   |              |                                 | <b> </b> - | ^40=                                   |                        | OR   | <b>^00=</b> |                          |
| • #                                                                                                                                                                                                         | * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. |                                           |                            |                                   |              |                                 |            |                                        |                        | OR   | +290= .     |                          |
| ** If the "High st Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  ***OPTION OF ADDIT. FEE |                                                                                       |                                           |                            |                                   |              |                                 |            |                                        |                        |      |             |                          |
| T                                                                                                                                                                                                           | he *Highest Numi                                                                      | ber Previously Paid                       | For (Total or              | independen                        | t) is the l  | is, enter 3."<br>highest number | r found    | d in the appr                          | opriate box            |      |             |                          |